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Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
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				Group Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	031707/315410
OTHER DOCUMENTS					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume issue number(s), publisher, city and/or country where published.			English Language Translation Attached
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